

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225591	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER ROYAL AT WAYLAND REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 188 COMMONWEALTH ROAD WAYLAND, MA 01778	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on record review and interview, for one of five sampled residents (Resident #1), the Facility failed to ensure staff implemented and followed their Abuse Policy, when a certified nurse aide witnessed another staff member verbally abuse and taunt Resident #1 and did not report immediately report the allegation of abuse to the Director of Nurses or a manager, as required. Finding include: The Facility's Abuse Policy, dated 03/14/18, indicated an incident of abuse is to be reported to the Director of Nurses or manager immediately. During an interview on 07/01/20 at 3:35 P.M., Certified Nurse Aide (CNA) #2 said Resident #1 slept without clothing on, except for an incontinent brief. CNA #2 said on 6/01/20, during the 3:00 P.M. to 11:00 P.M. shift, CNA #1 repeatedly taunted and exposed Resident #1's body by pulling the bed sheet off Resident #1, said words to the effect of your naked. CNA #2 said Resident #1 would pull the bed sheet back up to cover himself/herself and then yell at CNA #1 words to the effect of stop it, stop it, leave me alone. CNA #2 said she did not immediately report the alleged incident of abuse to a staff person on 06/01/20. CNA #2 said she reported the incident while being interviewed for an unrelated investigation by the Director of Nurses (DON) on a later date (date unknown). During an interview on 07/01/20 at 2:30 P.M., the Director of Nurses (DON) said she while she was interviewing CNA #2 on 06/03/20, that is when she was made aware of the abuse allegation. The DON said CNA #2 told her that on a prior date (date unknown), that CNA #1 repeatedly taunted and exposed Resident #1 body. The DON said CNA #2 did not follow the Facility's Abuse Policy to immediately report abuse.		
F 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, for two of five sampled residents (Resident #1 and Resident #5), the Facility failed to ensure that after being made aware of an allegation of abuse, that the allegations were reported to the Department of Public Health (DPH) no later than two hours, as required. Findings include: The Facility's Abuse Policy, dated 03/14/20, indicated to send an initial report of abuse to the Department of Public Health no later than two hours. 1. During an interview on 07/02/20 at 08:45 A.M., Resident #1's Care Manager said that on 06/01/20 she told the Administrator by telephone that Resident #1 reported he/she was sexually abused, and had also reported the abuse to Family Member #1. The Care Manager said she told the Administrator that Resident #1 felt sexually harassed by Certified Nurse Aide (CNA) #1 when he patted his/her buttocks and asked him/her to go out on a date. The Care Manager said the Administrator told her he intended to investigate the allegation and requested the alleged incident be sent to him in writing. The Care Manager said she sent an email at 03:28 P.M. on 06/01/20 to the Administrator documenting the alleged incident. The Care Manager said on 06/02/20, the Administrator notified her of the actions taken by the Facility. During an interview on 07/02/20 at 11:25 A.M., the Administrator said he viewed the email sent by the Care Manager in the morning on 06/02/20 and contacted Family Member #1 to further discuss the alleged incident of abuse. The Administrator said he did not report the allegation of sexual abuse to the Department of Public Health within two hours after he became aware, in accordance with the Facility's Abuse Policy. Review of the Health Care Facility Reporting System (HCFRS) indicated the Facility submitted the report of the alleged abuse at 12:14 P.M. on 06/03/20, approximately one day after the allegation was known. 2. During an interview on 07/02/20 at 10:15 A.M., the Director of Dementia Care Unit said sometime prior to 2:00 P.M. on 06/03/20, Resident #5 reported that CNA #3 repeatedly pulled his/her ear, that he/she told CNA #3 to stop, but CNA #3 did not stop. The Director of Dementia Care Unit said she immediately reported the allegation of abuse to the Director of Nurses (DON) and the Administrator. During an interview on 07/02/20 at 11:25 A.M., the DON and the Administrator said the Director of Dementia Care Unit reported to them on 06/03/20 that Resident #5 said CNA #3 pulls his/her ears, and it hurt him/her. The DON and Administrator said they thought the allegation of abuse was reported no later than two hours to the Department of Public Health after it was known. Review of the Health Care Facility Reporting System (HCFRS) indicated the Facility submitted the report of the alleged abuse at 07:33 P.M. on 06/03/20, approximately five and a half hours after the allegation was made known.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.